PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03072

3086

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 47 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03 1
STREET ADDRESS (If rural give location) 110 N. Connon Ave.

3. NAME OF DECEASED: (Type or Print) (First) Floyd (Middle) Emery (Last) Ansley
4. DATE OF DEATH: (Month) Mar (Day) 2 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 27, 1877	77 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Housing	Geneva N. Y.	

13. FATHER'S NAME: Isaac Ansley
14. MOTHER'S MAIDEN NAME: Agnas Barden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	214-09-2619	Mrs. Ethel Walker Hag. Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 IMMEDIATE CAUSE	(A) Arteriosclerotic Heart Disease	13 years
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Pneumonitis left base	17 days

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1955 to Mar. 2, 1955 that I last saw the deceased alive on Mar. 1, 1955, and that death occurred at 2:30 A M, from the causes and on the date stated above.

SIGNATURE: Wm. T. Layman, M.D. William T. Layman M. D. ADDRESS 100 Professional Arts Bldg. Hagerstown, Md DATE SIGNED 3-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-4-55	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Mar. 3. 1955	Chas. H. Towers	Scott F. Minnich & Son Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03073

3087

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 1404 Potomac Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Ruby (Middle) May (Last) Bachtell
4. DATE OF DEATH: (Month) Mar. (Day) 28 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	June 28, 1893	61 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Albert Heil
14. MOTHER'S MAIDEN NAME: Carrie Irvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Clifton M. Bachtell Jr. Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Cerebral Thrombosis DUE TO Myocarditis arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH 14 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis Generalized.

(C) 260.8

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-26, 1948 to death, that I last saw the deceased alive on 3-25, 1955, and that death occurred at 9:15 P M, from the causes and on the date stated above.

SIGNATURE Robert F. Cradle M. D. ADDRESS Hagerstown DATE SIGNED 3-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 31, 1955	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 31, 1955
REGISTRAR'S SIGNATURE Chas. H. Beavers
24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03074

3088

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 42 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Martin Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03 1
STREET ADDRESS (If rural give location) 106 W. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Frank (Last) Bell

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 7, 1875
9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sweeper
10B. KIND OF BUSINESS OR INDUSTRY: Aircraft
11. BIRTHPLACE (State or foreign country): Leitersburg Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John A. Bell
14. MOTHER'S MAIDEN NAME: Mary E. Middlekauff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-18-1134
17. INFORMANT & ADDRESS: Mrs. Howard P. Hartman Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 IMMEDIATE CAUSE (A) Severe Arteriosclerotic Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yr

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to 10 Mar, 1955, that I last saw the deceased alive on 9 Mar, 1955, and that death occurred at 12:20 M., from the causes and on the date stated above.

SIGNATURE F H Luskey M. D. ADDRESS 230 W Wash'n DATE SIGNED 11 Mar 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 3-12-55
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 11. 1955
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Scott F. Minnich & Son
ADDRESS: Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03075

3089

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 401 Jefferson St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 401 Jefferson St., 1

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Louise (Last) Bowers

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 11-21-1915

9. AGE last birthday 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hays

14. MOTHER'S MAIDEN NAME: Alma Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: George S. Bowers Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 71X IMMEDIATE CAUSE (A) carcinoma cervix @ Secondary anemia — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSE (B) DUE TO bleeding from colon - (cause unknown)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Mitral Valvular heart disease — ?

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. mitral stenosis

19A. DATE OF OPERATION: Feb. 1954

19B. MAJOR FINDINGS OF OPERATION: D & C - carcinoma cervix

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none

21C. WHERE DID INJURY OCCUR? (City or town) - (County) - (State) -

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from Aug., 1953, to Mar., 1955, that I last saw the deceased alive on Mar. 23 19 55, and that death occurred at 9:30 A M, from the causes and on the date stated above.

SIGNATURE S Parker Wells M. D. — ADDRESS 115 N. Potomac St-Hagerstown, Md. — DATE SIGNED 3-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 3-27-55 — NAME OF CEMETERY OR CREMATORY Rose Hill — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 25, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kräiss — ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03076

3090

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 928 Mulberry Avenue

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Bertha (Last) Bowers

4. DATE OF DEATH: (Month) Mar. (Day) 31 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10-6-1881

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months 5 Days 25 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Registar

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash. Co. Wilson Dist.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Lewis Middlekauff

14. MOTHER'S MAIDEN NAME: Victoria Jacques Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Charles H. Bowers, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Heart Disease — 5 yrs. ±

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1954 to Mar 31, 1955, that I last saw the deceased alive on Mar 31, 1955, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE Clyde A. Hoffman M. D. ADDRESS 214 N. Potomac St. Hagerstown Md. DATE SIGNED 4/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE OF BURIAL 4-3-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Apr. 2. 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Md.

329

03077

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3141 CERTIFICATE OF DEATH

Reg. Dist. No. 303

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Clear Spring, Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring Ruralnr. Big Pool X
STREET ADDRESS (If rural give location) Near-Big Poole, Md.

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Viola (Last) Boyd

4. DATE OF DEATH: (Month) (Day) (Year) March 22, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: July 20, 1859
9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR: Months 8 Days 2 IF UNDER 24 Hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties
10B. KIND OF BUSINESS OR INDUSTRY: Homemaker
11. BIRTHPLACE (State or foreign country): Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Harne
14. MOTHER'S MAIDEN NAME: Lydia Winders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Daniel G. Boyd, Clear Spring, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
151X IMMEDIATE CAUSE	(A) CARCINOMATOSIS, GENERALIZED	SIX MONTHS
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) CARCINOMA OF THE STOMACH	UNKNOWN
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ARTERIOSCLEROTIC HEART DISEASE	UNKNOWN

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18-54 19.. , to 3-22-55 (3-22-55) 19.. , that I last saw the deceased alive on 3-20-55 , 19.. , and that death occurred at 10—A. M, from the causes and on the date stated above.

SIGNATURE Archie Robert Cohen M. D. ADDRESS CLEAR SPRING Md. DATE SIGNED 3/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Mar. 25, 1955
NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery
LOCATION (City, town, or county) (State): Near Clear Spring, Md.

DATE REC'D BY LOCAL REGISTRAR: March 25, 1955
REGISTRAR'S SIGNATURE: J. W. Murray Jr.
24. FUNERAL DIRECTOR: Adrian H. Rowland ADDRESS: Clear Spring Md.

03078

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3091

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland C3
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Brooks

4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH 3-17-1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours 2 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Unknow

14. MOTHER'S MAIDEN NAME: Dorthy Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS Dorthy Brooks

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762 IMMEDIATE CAUSE (A) Atalectasis

ANTECEDENT CAUSE (S) DUE TO Premature Birth (7 mo.)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1955, to March 17, 1955, that I last saw the deceased alive on March 17, 1955, and that death occurred at 3 P. M, from the causes and on the date stated above.

SIGNATURE Phyj J. McLean M. D. ADDRESS Hagerstown Md DATE SIGNED 3/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-19-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Mar. 19, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR John R Watson ADDRESS Hagerstown Md

1-35-52202

PLEASE TYPE OR WRITE PLAINLY WITH INDELIBLE INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3092 (13079)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: County: Washington; State: Maryland; City or Town (If outside corporate limits, write RURAL and give nearest town): Hagerstown; Length of stay (in this place): Life

Hospital or Institution or Street Address: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: State: Md.; County: Wash; City or Town (If outside corporate limits, write RURAL and give nearest town): Hagerstown; Street Address (If rural give location): 31 West Side Ave.

3. NAME OF DECEASED (Type or Print): Lester Levi Burger Sr.

4. DATE OF DEATH: Mar 25 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 4, 1902

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Die Maker

10B. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles B. Burger

14. MOTHER'S MAIDEN NAME: Frances L. Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-0154

17. INFORMANT & ADDRESS.: Lester L. Burger Jr. Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Saddle embolus Abdn aorta	4 days
DUE TO	(A) probable mesenteric Thrombosis	2 days
DUE TO	(A) Paralytic ileus	2 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (260X)	(B) DUE TO Coronary Thrombosis	11 days
	(C) Coronary arteriosclerosis	indef.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes mellitus	indef.

19A. DATE OF OPERATION: Nil

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-16 52, 19 , to death, 19 , that I last saw the deceased alive on 3-24, 1955, and that death occurred at 2:56A M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS: Robert T Cradle M.D. Hagerstown

DATE SIGNED: 3-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Mar. 27,55

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Mar 28, 1955

REGISTRAR'S SIGNATURE: Ethel H. Bowers

24. FUNERAL DIRECTOR AND ADDRESS: Scott F. Minnich & Son Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03080

3142

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rohrersville
LENGTH OF STAY (in this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg
STREET ADDRESS (If rural give location) N. Main St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Burgesser

4. DATE OF DEATH. (Month) March (Day) 22 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH: Nov. 21, 1886

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10B. KIND OF BUSINESS OR INDUSTRY: canning factory

11. BIRTHPLACE (State or foreign country): Smithsburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Burgesser

14. MOTHER'S MAIDEN NAME: Emma E. Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: C. Lester Burgesser, Cavetown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1954, to March 22, 1955, that I last saw the deceased alive on March 21, 1955, and that death occurred at 10.45 P.M., from the causes and on the date stated above.

SIGNATURE Luther Bowman M.D. ADDRESS M. D. Boonsboro DATE SIGNED 3/24/55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) burial — DATE THEREOF 3-25-55 — NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery — LOCATION (City, town, or county) (State) Smithsburg, Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 24 1955 — REGISTRAR'S SIGNATURE Katherine Hagenhart

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Smithsburg

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13081

! 3093

Reg. Dist. No. 402

Item 5, Film G179 3-21-55 et

1 PLACE OF DEATH

COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Maryland

LENGTH OF STAY (in this place) 2 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 650 Pennsylvania Avenue.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland.

STREET ADDRESS (If rural give location) 650 Pennsylvania Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Edward (Last) Campher

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Aug 23 1887

9. AGE last birthday: 67 68 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter

10B. KIND OF BUSINESS OR INDUSTRY: Motel

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Henry Campher

14. MOTHER'S MAIDEN NAME: Susan Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-05-1032

17. INFORMANT & ADDRESS: Rev. Walter E. Campher 650 Penn. Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Senile and Atherosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Atherosclerosis —

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1954, to March 11, 1955, that I last saw the deceased alive on March 14, 1955, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE Thos. J. Kuhlman M. D. ADDRESS Hagerstown, Md. DATE SIGNED 3/15/55

23 BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 3-16-1955

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR: Mar. 16, 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: John R Watson Jr

ADDRESS: Hagerstown Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Item 18 Film G179 3/18/55 and 03082

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

3143

Reg. Dist. No. 306

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cavetown
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cavetown X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Katherine (Last) Carl

4. DATE OF DEATH: (Month) 3 (Day) 5 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: 10/5/1879 | 9. AGE last birthday 75 yrs | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Washington Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Spickler
14. MOTHER'S MAIDEN NAME: Katherine Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: George Carl Cavetown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Generalised Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
ANTECEDENT CAUSE (B) DUE TO (Primary site unknown)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1/7/55
19B. MAJOR FINDINGS OF OPERATION: Generalized Carcinomatosis.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6, 1955, to 3/5, 1955, that I last saw the deceased alive on 3/4, 1955, and that death occurred at 10:00 A M, from the causes and on the date stated above.
SIGNATURE Charles F. Hess M.D. ADDRESS Smithsburg, Md DATE SIGNED 3/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/8/55 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 7, 1955 | REGISTRAR'S SIGNATURE Geo. W. Jefferson
24. FUNERAL DIRECTOR ADDRESS Rest Haven Funeral Chapel Inc. Hagerstown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03083

CERTIFICATE OF DEATH

Reg. Dist. No. 3021

3094

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 431 Mechanic Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) William (Last) Carroll

4. DATE OF DEATH: (Month) 3 (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Sept 30 1889

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Coal Yard

11. BIRTHPLACE (State or foreign country): Sommerset Ohio

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Carroll

14. MOTHER'S MAIDEN NAME: Adalaide Settles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-05-2258

17. INFORMANT & ADDRESS: 431 Mechanic Street

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

141X

IMMEDIATE CAUSE (A) Carcinoma of tongue with local and

ANTECEDENT CAUSE (B) DUE TO distant metastasis.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: history 8 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 13, 1955, to Mar. 16 1955 that I last saw the deceased alive on Mar. 15, 1955, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

SIGNATURE William T. Layman, M.D. ADDRESS 100 Professional Arts Bldg. Hagerstown, Md DATE SIGNED 3/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Mar 18 1955 | NAME OF CEMETERY OR CREMATORY Hedgesville Cemetery | LOCATION (City, town, or county) Hedgesville W.Va. (State) MD

DATE REC'D BY LOCAL REGISTRAR Mar. 17, 1955 | REGISTRAR'S SIGNATURE Edith H. Bowers

24. FUNERAL DIRECTOR Scott F Minnich & Sons Hagerstown ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03084

Dr Jack : Beachley

3095 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 520 West Franklin St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 520 West Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) NETTIE (Middle) MAE (Last) CHRISMAN

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH: March 12 1886 | 9. AGE last birthday 69 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life.) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Sharpsburg Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Conrad Easterday

14. MOTHER'S MAIDEN NAME: Abbie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Joseph J. Chrisman

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
781.2 IMMEDIATE CAUSE (A) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH 6 yrs
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Jan 19 to March 20 19 55, that I last saw the deceased alive on March 20 19 55, and that death occurred at 1 P.M., from the causes and on the date stated above.
SIGNATURE J. J. Beachley M. D. ADDRESS Hagerstown Md. DATE SIGNED 3/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/22/55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR Mar 22 1955 | REGISTRAR'S SIGNATURE Stuart H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03085

CERTIFICATE OF DEATH

3096 Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH.

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 03 Hagerstown

LENGTH OF STAY (in this place): 1 mo. 6 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 71 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clearspring

STREET ADDRESS (If rural give location): Rockdale Road

3. NAME OF DECEASED (Type or Print): (First) Fred (Middle) Charles (Last) Cleaveland

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH. October 25, 1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR: Months 4 Days 10 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired court clerk

10B. KIND OF BUSINESS OR INDUSTRY: State employee

11. BIRTHPLACE (State or foreign country): Lancaster, New Hampshire

12. CITIZEN OF WHAT COUNTRY? american

13. FATHER'S NAME: Charles Austin Cleaveland

14. MOTHER'S MAIDEN NAME: Sarah Twitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Paul S. Cleaveland Clearspring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17 IMMEDIATE CAUSE (A) Cancer of Rt. Lung — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 26 Jan 1955

19B. MAJOR FINDINGS OF OPERATION: Biopsy of Rt. Lung. Diag. Carcinoma

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 JAN, 1955, to 5 MAR, 1955, that I last saw the deceased alive on 5 MAR, 1955, and that death occurred at 11:20 A M. from the causes and on the date stated above.

SIGNATURE John J. Dahlia M. D. ADDRESS 115 King Street DATE SIGNED 5 MARCH 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 3/8/55

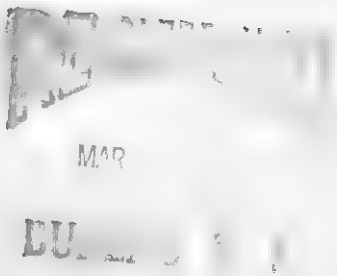
NAME OF CEMETERY OR CREMATORY: Summer Street Cemetery

LOCATION (City, town, or county) (State): Lancaster, Coos, New Hampshir

DATE REC'D BY LOCAL REGISTRAR: Mar 5 1955

REGISTRAR'S SIGNATURE: Ethel L. Beevers

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03086

3097

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 E. Baltimore St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 104 E. Baltimore St.,

3. NAME OF DECEASED: (Type or Print) (First) Nevin (Middle) James (Last) Clingan

4. DATE OF DEATH: (Month) 3 (Day) 7 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: April 12, 1913

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): core man

10B. KIND OF BUSINESS OR INDUSTRY: Pangborn Corp.

11. BIRTHPLACE (State or foreign country): Hanover, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James B. Clingan

14. MOTHER'S MAIDEN NAME: Mayme Wintrode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY NO. 215-14-2840

17. INFORMANT & ADDRESS: Mrs. Mildred Clingan Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) DUE TO	arterio sclerotic myocardial	6yrs
ANTECEDENT CAUSE (B)		coronary heart disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	acute coronary occlusion	10min
	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) none M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. , 1955, to Mar. 7, 1955, that I last saw the deceased alive on Feb. 18, 1955, and that death occurred at 10:30p M, from the causes and on the date stated above.

SIGNATURE, ADDRESS, DATE SIGNED

S. Robert Wells, M.D. M.D. 115 N. Potomac St.- Hagerstown, Md 3-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DATE THEREOF 3-10-55

NAME OF CEMETERY OR CREMATORY Rest Haven

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03087

3098 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1 PLACE OF DEATH

COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

LENGTH OF STAY (in this place) 1 week

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

STREET ADDRESS (If rural give location) 24½ Suter's Avenue

3. NAME OF DECEASED: (Type or Print) (First) Ann (Middle) Rebecca (Last) Cook

4. DATE OF DEATH: (Month) Mar. (Day) 3 (Year) 1955

5 SEX: Female

6. COLOR OR RACE: White

7 SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH Feb. 12, 1889

9 AGE last birthday 66 yrs. IF UNDER 1 YEAR: Months 1 Days 1 IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B KIND OF BUSINESS OR INDUSTRY.

11. BIRTHPLACE (State or foreign country): Harrisburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Divila Wolfe

14. MOTHER'S MAIDEN NAME: Mary Parthemore

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Preston R. Cook, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 24/X

(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yr.

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic Bronchial Asthma with Bronchiectasis — 10 yr.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1955 to Mar. 3, 1955, that I last saw the deceased alive on Mar. 2, 1955, and that death occurred at 5:20 A.M. from the causes and on the date stated above.

SIGNATURE M. D. — ADDRESS Hagerstown, Maryland — DATE SIGNED March 4, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-7-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR MAR 7 1955

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

DR. LE VAN

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03088

3099

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 10 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASH. Co. MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN C3
STREET ADDRESS (If rural give location) 625 SOUTH POTOMAC ST.

3. NAME OF DECEASED: (Type or Print) (First) SAVINGTON (Middle) WARNER (Last) CRONISE

4. DATE OF DEATH: (Month) MARCH (Day) 27 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: SEPT-5-1905

9. AGE last birthday: 49-6-22 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DRIVER -

10B. KIND OF BUSINESS OR INDUSTRY: LOCAL CAB CO.

11. BIRTHPLACE (State or foreign country): KEEDYSVILLE WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN L. CRONISE

14. MOTHER'S MAIDEN NAME: BERTHA HOFFMASTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-05-0566

17. INFORMANT & ADDRESS: MRS. VIRGINIA JENNINGS - 1727 VIRGINIA AVE. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac Heart - INTERVAL BETWEEN ONSET AND DEATH 15 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1955, to March 27, 1955, that I last saw the deceased alive on March 27, 1955, and that death occurred at 6.45 P.M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Boonsboro DATE SIGNED 3/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF MARCH 30 1955

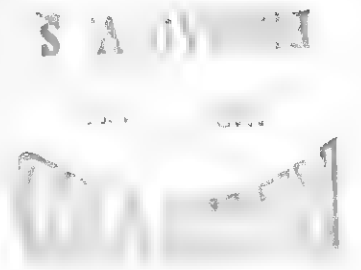
NAME OF CEMETERY OR CREMATORY MT. VIEW CEMETERY

LOCATION (City, town, or county) (State) SHARPSBURG WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR Mar. 29, 1955

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD



VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3100

CERTIFICATE OF DEATH

03089

Dr Earl Young

Reg. Dist. No. 302

Item 16, Filed 79 6-21-55 e.t.

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; MARYLAND; LENGTH OF STAY (in this place) 2 Weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

STREET ADDRESS (If rural give location) 101 So; Potomac St

3. NAME OF DECEASED: (First) CHARLES (Middle) LUTHER (Last) DALEY

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Aug 17 1900	54 yrs				

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor	Far & Mer. Bank	Welsh Run Pa.	USA

13. FATHER'S NAME: Ezra Daley

14. MOTHER'S MAIDEN NAME: Elizabeth Blair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		220-10- 3501	Mrs Bessie B. Emmert 107 Holburn Ave City

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 420.1	(A) DUE TO Myocardial Infarction	3/9/55
ANTECEDENT CAUSE (S)	(B) DUE TO Coronary Arteriosclerosis	unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9/55, 19 P., to 3/21/55, 19, that I last saw the deceased alive on 3/21/55, 19, and that death occurred at 11:20 M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS 148 N. Potomac St., Hagerstown, Md. DATE SIGNED 3/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/22/55	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 23 1955	Chas. H. Bowers	Andrew K. Coffman	Hagerstown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03090

3101

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Wash. MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place) 60 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 W. Antietam St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 21 W. Antietam St.

3. NAME OF DECEASED: (Type or Print) (First) Magnus (Middle) Teeling (Last) Davies

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: March 31, 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk

10B. KIND OF BUSINESS OR INDUSTRY: aircraft factory

11. BIRTHPLACE (State or foreign country): North Wales, Great Britain

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Rowland Davies

14. MOTHER'S MAIDEN NAME: Maria Teeling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-14-7640

17. INFORMANT & ADDRESS: Ruth Davies, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary artery disease with

DUE TO (C) coronary insufficiency — 2 years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25/45 .., to ..., 19 , that I last saw the deceased alive on March 2, 1955, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE M. D. — ADDRESS 148 N. Potomac St. Hagerstown, — DATE SIGNED 3/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 3-5-55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Mar 4. 1955 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03091

3102

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown, Maryland
LENGTH OF STAY (in this place) 45yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Washington County Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Maryland.
STREET ADDRESS (If rural give location) 46 Bloom Alley

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) William (Last) Dean

4. DATE OF DEATH (Month) Mar (Day) 28 (Year) 1955

5. SEX Male | 6. COLOR OR RACE: Negro | 7. SINGLE MARRIED WIDOWED, DIVORCED. (Specify): widowed | 8. DATE OF BIRTH May 15 1875 | 9. AGE last birthday 79 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eckington, Va.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Robert Dean
14. MOTHER'S MAIDEN NAME: Lucy Hawkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: George Dean 46 Bloom Alley.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Hypertensive Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH -3-

ANTECEDENT CAUSE (S) DUE TO (B) Broncho-Pneumonia — 2-4 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Undetermined

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) 0

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 0
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan, 1954, to 3/28, 1955, that I last saw the deceased alive on 3/28, 1955, and that death occurred at 3:55 P.M., from the causes and on the date stated above.

SIGNATURE Victor D Miller M.D. ADDRESS 131 W. Washington St. Hagerstown Md. DATE SIGNED 3/31-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4-1-55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR Apr. 1. 1955 | REGISTRAR'S SIGNATURE Chas H. Roeders | 24. FUNERAL DIRECTOR John R Watson & ADDRESS Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03092

3103

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Prospect St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown
STREET ADDRESS (If rural give location) 41 E. Baltimore St.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Clifford (Last) Diehl

4. DATE OF DEATH: (Month) (Day) (Year) March 4, 1955

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married | 8. DATE OF BIRTH: April 9, 1892 | 9 AGE last birthday 62 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sheet metal | 10B. KIND OF BUSINESS OR INDUSTRY: aircraft factory | 11. BIRTHPLACE (State or foreign country): Franklin Co., Penna. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Diehl

14. MOTHER'S MAIDEN NAME: Eliza Harmony

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-4947

17. INFORMANT & ADDRESS: Mrs. Grace C. Diehl, Funkstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.0

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH sudden

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) arterio-sclerotic Heart Disease

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 25 1955, to Mar. 4, 1955, that I last saw the deceased alive on March 4, 19 55, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE Sidney Rosenstein M.D. ADDRESS Funkstown Md DATE SIGNED 3-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 3-7-55 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 7, 1955 | REGISTRAR'S SIGNATURE Chas. F. Bowers | 24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03093

3144

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rural Hancock — LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hancock Md. X
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) (Last) Digman

4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 3.1883

9. AGE Last birthday: 71 yrs. If under 1 year: Months 9 Days 15 If under 24 hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Orchard

11. BIRTHPLACE (State or foreign country): Washington County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Digman

14. MOTHER'S MAIDEN NAME: Mary Slagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Jessie Kerns Blue Hill Hancock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 433.1 Ventricular Fibrillation 1 hr.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: None — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. H. Bradley M.D. Augustown Md 3/24/55

BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 3.22.55 — NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery — LOCATION (City, town, or county) (State): Hancock Rural Washington Md.

DATE RECEIVED BY LOCAL REGISTRAR: 3/22 — REGISTRAR'S SIGNATURE: J.A. Miller — 24. FUNERAL DIRECTOR: Howard F. Grove — ADDRESS: Hancock Md

USE BLACK INK. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03094

3145 **CERTIFICATE OF DEATH** Reg. Dist. No. 307

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X ROHRERSVILLE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS MAIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROHRERSVILLE X
STREET ADDRESS (If rural give location) MAIN ST.

3. NAME OF DECEASED. (Type or Print) (First) HARRY (Middle) GARFIELD (Last) EASTON

4. DATE OF DEATH (Month) MARCH (Day) 8. (Year) 1955

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED | 8. DATE OF BIRTH: MARCH-26-1882 | 9 AGE last birthday 72-11-12 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED CLERK
10B KIND OF BUSINESS OR INDUSTRY: WHOLESALE GROCERY CO.
11. BIRTHPLACE (State or foreign country): ROHRERSVILLE WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL EASTON
14. MOTHER'S MAIDEN NAME: CATHERINE ROHRER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-18-2197
17. INFORMANT & ADDRESS: MRS. ADA EASTON ROHRERSVILLE MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 7 yr.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Artery Sclerosis — 7 yr.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1951, to March 8, 1955, that I last saw the deceased alive on March 7, 1955, and that death occurred at 1:30 P.M., from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Hagerstown, Md. DATE SIGNED March 9, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF MARCH. 10. 1955 | NAME OF CEMETERY OR CREMATORY ROHRERSVILLE CEMETERY | LOCATION (City, town, or county) (State) ROHRERSVILLE WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR March 10-1955 | REGISTRAR'S SIGNATURE Mrs. Katherine Dagenhart

24. FUNERAL DIRECTOR WM. F. BAST AND SONS | ADDRESS BOONSBORO MD.

DR. B. B. KNEISLEY 148 W. WASH. ST. HAGERSTOWN MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03095

3104

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
MARYLAND LENGTH OF STAY (in this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Martin Manor Va. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 429 Summit Ave.

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) Florence (Last) Fiery

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1955

5. SEX Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH April 28, 1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) House wife

10B. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Beaver Creek Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Leatherman

14. MOTHER'S MAIDEN NAME: Emmaline Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ----

17. INFORMANT & ADDRESS: Dr. Roger L. Fiery Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Carcinoma of Large Intestine — INTERVAL BETWEEN ONSET AND DEATH 1? Years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Hypertensive Cardio-Vascular Disease ?1

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 0

19A. DATE OF OPERATION 0 | 19B. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 0

21C. WHERE DID INJURY OCCUR? (City or town) 0 (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 0 M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan 1, 1954, to 3/26, 1955, that I last saw the deceased alive on 3/25, 195.., and that death occurred at P. M., from the causes and on the date stated above.

SIGNATURE Victor Miller

ADDRESS DR. VICTOR D. MILLER 131 W. WASHINGTON ST. HAGERSTOWN, MD.

DATE SIGNED 3/28-1955 md

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-29-55

NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery

LOCATION (City, town, or county) (State) Near Clearspring Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 28 1955

REGISTRAR'S SIGNATURE C. Paul A. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son

ADDRESS Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3195

CERTIFICATE OF DEATH

03096

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 03 Hagerstown
MARYLAND
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 21 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown X 1
STREET ADDRESS (If rural give location): R.F.D. #6

3. NAME OF DECEASED: (Type or Print) (First) Lizzie (Middle) May (Last) Foley

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: January 24, 1877

9. AGE last birthday: 78 yrs
IF UNDER 1 YEAR: Months 1 Days 15
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Woodpoint, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Minnebraker

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Bruce E. Moats Funkstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

290.2 IMMEDIATE CAUSE (A) Pernicious Anaemia — INTERVAL BETWEEN ONSET AND DEATH: 12-14 yrs

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Mar, 1955, to 9 Mar, 1955, that I last saw the deceased alive on 8 Mar, 1955, and that death occurred at 7:45 A M, from the causes and on the date stated above.

SIGNATURE: F F Lusby M. D. ADDRESS: 230 N Potomac DATE SIGNED: 10 Mar 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 3/11/55

NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery

LOCATION (City, town, or county) (State): Cearfoss, Wash. Maryland

DATE REC'D BY LOCAL REGISTRAR: Mar 10. 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons ADDRESS: Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 013097

3106 **CERTIFICATE OF DEATH** Reg. Dist. No. 202

1 PLACE OF DEATH
COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
MARYLAND LENGTH OF STAY (In this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 719 MEDWAY ROAD

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) BELLE (Last) GIFT

4. DATE OF DEATH: (Month) MARCH (Day) 27 (Year) 19 55

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): | 8. DATE OF BIRTH: 1/17/1888 | 9. AGE last birthday: 67 yrs | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): HOUSEWIFE | 10B. KIND OF BUSINESS OR INDUSTRY: HOME | 11. BIRTHPLACE (State or foreign country): MARYLAND | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH A. BAKER | 14. MOTHER'S MAIDEN NAME: ANNA K. JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: MRS. VIVIAN TURNER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

527.1
IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Emphysema — 8 yrs
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21, 1945, to 3/23, 1955, that I last saw the deceased alive on 3/23, 1955, and that death occurred at 1:20 PM, from the causes and on the date stated above.
SIGNATURE Robert V. Campbell M. D. ADDRESS Hagerstown Md DATE SIGNED 3/25/55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/26/55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cem. | LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REGISTRAR Mar. 25, 1955 | REGISTRAR'S SIGNATURE Chas. H. Groves | 24 FUNERAL DIRECTOR W. I. Normell | ADDRESS Hagerstown Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 10-53

VS. A15 — 10 - 54

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

3107

CERTIFICATE OF DEATH

Dr Packer 03098

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 Hagerstown
LENGTH OF STAY (in this place) 38 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 360 So. Cannon Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 2
STREET ADDRESS (If rural give location) 360 So. Cannon Ave 1

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) ------- (Last) GORMAN Jr.

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1955

5. SEX male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH. July 25 1879
9. AGE last birthday 75 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired) Steam Shovel Operator
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country). Buffalo N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME. Thomas Gorman Sr.
14. MOTHER'S MAIDEN NAME: Catherine Gorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) -------
16. SOCIAL SECURITY NO. 213-10-6803A
17. INFORMANT & ADDRESS. Mrs Catherine R. Gorman

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 491X (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic myocardial insufficiency, Generalized arteriosclerosis — Unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1955, to March 27, 1955, that I last saw the deceased alive on March 27, 1955, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

SIGNATURE L L Packer Jr. ADDRESS M. D. Hagerstown, Md DATE SIGNED 3/28/55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3/30/55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar 29, 1955
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03099

31-8

CERTIFICATE OF DEATH

Dr Earl Young

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown; LENGTH OF STAY (in this place) 2 Weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS 522 Indiana Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown -3; STREET ADDRESS (If rural give location) 522 Indiana Ave

3. NAME OF DECEASED: (First) LEWIS (Middle) URBAN (Last) GREEN Sr

4. DATE OF DEATH: (Month) (Day) (Year) March 15 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced

8. DATE OF BIRTH: Apr 16 1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer W. L. R. R.

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Chester Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Green

14. MOTHER'S MAIDEN NAME: Charlotte Birney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. # 1

16. SOCIAL SECURITY NO. 705-10-7092

17. INFORMANT & ADDRESS: Mrs Ella Presgraves

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Cerebrovascular Heart Disease — 8 yrs

DUE TO (C) Diabetes Mellitus — 5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from June 1936 to 3/15/55, 19, that I last saw the deceased alive on 3/13/55, and that death occurred at 12:05 M, from the causes and on the date stated above.

SIGNATURE & ADDRESS: Earl Young M.D. Hagerstown — DATE SIGNED: 3/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 3/18/55

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: MAR 17 1955

REGISTRAR'S SIGNATURE: Ethel H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman

ADDRESS: Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0)5101

3109

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Penna. — COUNTY Franklin

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greencastle

STREET ADDRESS (If rural give location): 15 Centre Square

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Victor	Davis	Greenawalt	3	1	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	4/2/1888	66 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Store Manager	American Stores Co.	Franklin Co Penna.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles C. Greenawalt	Martha Mowen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes.	World War I.	173-03-2682	Mrs. Loretta Nelling, Waynesboro, Pa

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary Occlusion	4 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Rheumatic Heart Disease	30 yrs.
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1954, to Feb. 1955, that I last saw the deceased alive on Feb. 28, 1955, and that death occurred at 4:50 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul F. Wetzler MD — ADDRESS: Greencastle Pa. — DATE SIGNED: 3/1/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/4/1955	Cedar Hill Cemetery	Greencastle, Franklin Co. Penna

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 2, 1955	Chas. H. Powers	Harold M. Zimmerman	Greencastle Pa

VS. A15

3110

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03101

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
LENGTH OF STAY (in this place): SIXTY DAYS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Enroute to WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN 60 Yrs.
STREET ADDRESS (If rural, give location): 901 S. POTOMAC ST.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	WILLIAM	WASHINGTON	GROVE		MARCH	30	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWED	12/20/1875	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED BAKER	OWN BAKERY	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DANIEL J. GROVE	CHRISTINA STECH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
NO	214-09-4063	MR. WILLARD E. GROVE HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Fractured skull - (hemorrhage & shock)	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: open fracture tibia & fibula, lt.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	-	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Hagerstown	Washington	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
3-30-55 8:20PM		Stepped into path of oncoming car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. Robert Wells M.D.	115 N. Potomac St- Hagerstown, Maryland	4-1-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-7-55	St. Paul's Cemetery	Washington Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 1. 1955	Chas. H. Boward	W. J. Hormel	Hagerstown Md.

3111

03102

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport, Maryland
STREET ADDRESS (If rural, give location) Bower Ave.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) EYSTER (Last) HARGETT
4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widd
8. DATE OF BIRTH: July 23, 1876
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Frederick, Maryland
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13. FATHER'S NAME: Simon Hargett
14. MOTHER'S MAIDEN NAME: May Griffith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-16-2830
17. INFORMANT AND ADDRESS: Mrs. Gertrude Hargett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1954, to 24 March 1955, that I last saw the deceased alive on 24 March 1955, and that death occurred at 4 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas Hart M.D. Williamsport, Md. 29 March 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-1-55
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Apr. 1, 1955
REGISTRAR'S SIGNATURE: Judith Bowers
24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03103

CERTIFICATE OF DEATH

3112

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 23 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 West Side Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 24 West Side Ave

3. NAME OF DECEASED: (First) LELIA (Middle) BEATRICE (Last) HARRIS

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 19 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH. June 4 1897 | 9. AGE last birthday 57 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Magnolia W. Va. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sidney E. Whisner

14. MOTHER'S MAIDEN NAME: Katherine H. Hare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Henry W. Harris

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertensive cardio-vascular disease — 15 years (7)

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1938, to 3/30, 1955, that I last saw the deceased alive on, 3/30, 1955, and that death occurred at 7.20 A.M, from the causes and on the date stated above.

SIGNATURE John H Hamsbarger M. D. ADDRESS 151 W. Washington St. Hagerstown Md. DATE SIGNED 3/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4/2/55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR Apr. 1. 1955 | REGISTRAR'S SIGNATURE Thos. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03104

3113

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SMITHSBURG
STREET ADDRESS (If rural give location) E. WATER ST.

3. NAME OF DECEASED: (Type or Print) (First) Bobby (Middle) Boy (Last) HORN

4. DATE OF DEATH: (Month) MARCH (Day) 25 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single

8. DATE OF BIRTH: March 24, 1955

9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 24 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country) Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Horn

14. MOTHER'S MAIDEN NAME: Erma Stough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. --

17. INFORMANT & ADDRESS: Mrs. Erma Horn, Smithsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Pulmonary Hyaline membrane — INTERVAL BETWEEN ONSET AND DEATH 24 hr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Prematurity —

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24, 1955, to 3/25, 1955, that I last saw the deceased alive on 3/25, 1955, and that death occurred at 1:00 P M, from the causes and on the date stated above.

SIGNATURE Richard H. Young M.D. ADDRESS Hagerstown, Md. DATE SIGNED 3/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DATE THEREOF 3-26-55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR Mar. 28, 1955

REGISTRAR'S SIGNATURE Chas. H. Howard

24. FUNERAL DIRECTOR Scott F. Minnich & Son, ADDRESS Smithsburg

20-530431

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03105

Dr Boyer

3114

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown RFD 6 X
STREET ADDRESS (If rural give location) Paramount /

3. NAME OF DECEASED: (Type or Print) (First) NETTIE (Middle) BLANCHE (Last) HOUSE

4. DATE OF DEATH: (Month) (Day) (Year) March 14 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH. Jany 14 1879
9. AGE last birthday: 76 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Fiddlessburg Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Leckrob
14. MOTHER'S MAIDEN NAME: Eurilla Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Clarence House

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Heart Failure
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9/55, to 3/14/55, that I last saw the deceased alive on 3/14/55, and that death occurred at 4:P M, from the causes and on the date stated above.

SIGNATURE D. J. Boyer M. D.
ADDRESS 135 N. Potomac St., Hag. Md.
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 3/17/55
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 16 1955
REGISTRAR'S SIGNATURE: Edith H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman
ADDRESS: Hagerstown Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03106

Dr Campbell

3115

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 20 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 44 McKee Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 44 McKee Ave

3. NAME OF DECEASED: (First) ROBERTA (Middle) BANFORD (Last) HECK

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 25 1895

9. AGE last birthday: 59 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willian Marker

14. MOTHER'S MAIDEN NAME: Maggie Reel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Vernon W. Heck

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE: 420.1	(A) Coronary sclerosis	10 min
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Coronary sclerosis	3 years
	(C) DUE TO Arteriosclerosis	Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Myocardial infarction, healed — 3 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1953, to March 11, 1955 that I last saw the deceased alive on March 11, 1955, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE: L L Parker Jr — ADDRESS: M. D. Hagerstown md — DATE SIGNED: 3/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 3/14/55 — NAME OF CEMETERY OR CREMATORY: Mt View Cemetery — LOCATION (City, town, or county) (State): Sharpsburg Md.

DATE REC'D BY LOCAL REGISTRAR: MAR. 14. 1955 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03107

Dr Hirshman 302

3116 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 5 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 337 So Cannon Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 337 So Cannon Ave

3. NAME OF DECEASED: (Type or Print) (First) LULA (Middle) STAUBS (Last) HEMPHILL

4. DATE OF DEATH: (Month) Mar (Day) 26 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: July 2 1867
9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Sharpsburg Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josiah T. Staubs
14. MOTHER'S MAIDEN NAME: Savilla C. Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ——
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Paul M. Kline

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.
ANTECEDENT CAUSE (S): DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. 19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1955, to March 26, 1955, that I last saw the deceased alive on March 26, 1955, and that death occurred at 9:15 M, from the causes and on the date stated above.
SIGNATURE Paul M. Kleman M.D. ADDRESS Hagerstown Md DATE SIGNED 3/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3/29/55
NAME OF CEMETERY OR CREMATORY Mt. View Cemetery
LOCATION (City, town, or county) (State) Sharpsburg Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 28, 1955
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03108

CERTIFICATE OF DEATH

3117 Reg. Dist. No. 202

1 PLACE OF DEATH: COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 03 Hagerstown

LENGTH OF STAY (In this place) 1 week

HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R[illegible] St. 07

STREET ADDRESS (If rural give location) 126 West Howard St. 1

3. NAME OF DECEASED: (First) George (Middle) Herman (Last) Herbert

4. DATE OF DEATH: (Month) March (Day) 29, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 8, 1908

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months 10 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Eastern Shore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Herbert

14. MOTHER'S MAIDEN NAME: Anna Belle Pitzer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 216-10-4470

17. INFORMANT & ADDRESS: George Herbert Jr. Williamsport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 181X (a) Metastatic Carcinoma — Interval Between Onset And Death: 2 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Carcinoma Bladder — 6 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/7 ,19 55, to 3/29 , 19 55 that I last saw the deceased alive on 3/29 , 19 55, and that death occurred at 9 P.M. , from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert W. Campbell M.D. ADDRESS Hagerstown md DATE SIGNED 3/30/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF April 1, 1955 NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery LOCATION (City, town, or county) (State) Williamsport, Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 31, 1955 REGISTRAR'S SIGNATURE Chas H Boevers

24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

03109

3118

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place) 3 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural, give location) 610 West Franklin Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lena	Blanche	Herbert	March	31	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	April 9 1893	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Witness
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Park Head, Maryland U. S. A.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Mc Allister
14. MOTHER'S MAIDEN NAME: Georgianna Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No / None
16. SOCIAL SECURITY NO.: 219-20-2807
17. INFORMANT AND ADDRESS: Howard Herbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155 Immediate cause (a) Carcinoma of Gallbladder — Interval Between Onset and Death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 17 March 1955
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Gallbladder with metastatic Spread
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 54, to 31 March 55 that I last saw the deceased alive on 30 March, 1955, and that death occurred at 7:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jane Hook M.D. ADDRESS: Williamsport, Md DATE SIGNED: 31 March 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/2/55	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Apr. 1, 1955
REGISTRAR'S SIGNATURE: Wade H. Bowers
24. FUNERAL DIRECTOR / ADDRESS: Andrew K. Coffman. Hagerstown, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3119 CERTIFICATE OF DEATH

03110

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
MARYLAND LENGTH OF STAY (in this place) 42 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 636 Washington Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 636 Washington Avenue

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (Last) Herrmann

4. DATE OF DEATH: (Month) Mar. (Day) 22 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: March 21, 1893
9. AGE last birthday: 62 yrs
IF UNDER 1 YEAR: Months 0 Days 1
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Beer Distributor
10B. KIND OF BUSINESS OR INDUSTRY: Own own business
11. BIRTHPLACE (State or foreign country): Latrobe, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Herrmann
14. MOTHER'S MAIDEN NAME: Catherine Phoebe Cramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Edward Herrmann Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	arterio sclerotic coronary	
ANTECEDENT CAUSE (B) DUE TO	heart disease	3yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO	acute coronary occlusion	1½hrs
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes M. 8yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. , 1943 to 3-21 , 1955, that I last saw the deceased alive on 3-21 , 1955, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

SIGNATURE M D J. Robert Wells
ADDRESS 115N. Potomac St-Hag. Md.
DATE SIGNED March 22 '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 3-24-1955
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: Mar. 24 1955
REGISTRAR'S SIGNATURE: Chas. H. Boecers
24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Md.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3120

Item 16 film C 179 3/21/55

CERTIFICATE OF DEATH

Reg. Dist. No. 03111

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Hagerstown COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 121 South Locust Street

3. NAME OF DECEASED. (Type or Print) (First) Joseph (Middle) Herbert (Last) Hines

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1955

5. SEX: Male
6. COLOR OR RACE. White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Oct. 30, 1879
9. AGE last birthday 75 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Bridge Builder
10B. KIND OF BUSINESS OR INDUSTRY. W.Md.R.R.
11. BIRTHPLACE (State or foreign country): Locust Grove, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Hines
14. MOTHER'S MAIDEN NAME: Susan Ellen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 705-10-5745
17. INFORMANT & ADDRESS: Mrs. Mary A. Hines

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 294.4
(A) Aplastic Anemia — INTERVAL BETWEEN ONSET AND DEATH 6 wks.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Poly Cy Anemia Vera — 5 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1955, to March 10, 1955, that I last saw the deceased alive on March 10, 1955, and that death occurred at 830 P M, from the causes and on the date stated above.
SIGNATURE M. D ADDRESS DATE SIGNED 3/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3/13/55
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown ?MD.

DATE REC'D BY LOCAL REGISTRAR Mar 21 1955
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

705-10-5943

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03112

3121

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Hagerstown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 71 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown C2
STREET ADDRESS (If rural give location) 414 McDowell Ave., 1

3. NAME OF DECEASED: (Type or Print) (First) Adolph (Middle) C (Last) Hottle

4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: April 1, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10B. KIND OF BUSINESS OR INDUSTRY: Holzapfel Farm

11. BIRTHPLACE (State or foreign country): Woodstock, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-20-4776

17. INFORMANT & ADDRESS: Richard Manspeaker Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 x 1 x

IMMEDIATE CAUSE (A) Carcinoma Bladder — INTERVAL BETWEEN ONSET AND DEATH: 16 mo

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1-, 1954, to 3-23-, 1955, that I last saw the deceased alive on 3-23-, 1955, and that death occurred at 5 P M, from the causes and on the date stated above.

SIGNATURE J. W Dietz M D ADDRESS Hagerstown Md DATE SIGNED 3-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-26-55

NAME OF CEMETERY OR CREMATORY Rose Hill

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Mar 25 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03113

3146 **CERTIFICATE OF DEATH** Reg. Dist. No. 305

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL
LENGTH OF STAY (in this place) 20 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOONSBORO MD. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
STREET ADDRESS (If rural give location) BOONSBORO MD. R.2.

3. NAME OF DECEASED: (Type or Print) (First) VERNON (Middle) E (Last) HUTZELL

4. DATE OF DEATH (Month) MARCH (Day) 1 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE MARRIED WIDOWED, DIVORCED. (Specify) DIVORCED

8. DATE OF BIRTH: FEBRUARY 21 1881

9. AGE last birthday 74-0-10 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER - OWN FARM

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): FREDERICK COUNTY MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JONAS HUTZELL

14. MOTHER'S MAIDEN NAME: ALICE HOUSE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: CLIFFORD HUTZELL BOONSBORO MD, R.2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.24.1

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mos. 11 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cardiac Dropsy — " "

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 20, 1954, to March 1, 1955, that I last saw the deceased alive on Feb. 28, 1955, and that death occurred at 4-15 A.M, from the causes and on the date stated above.

SIGNATURE J. Hubert Rader M. D. ADDRESS Boonsboro, Md. DATE SIGNED March 2, 1955.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF MARCH 4, 1955

NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY

LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR March 4, 1955

REGISTRAR'S SIGNATURE John N. Boerl

24. FUNERAL DIRECTOR ADDRESS Wm. F. BAST AND SONS BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03114

3122

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Maryland
LENGTH OF STAY (in this place) 35yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 37 W. North Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland.
STREET ADDRESS (If rural give location) 37 W. North Street.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Clinton (Last) Jackson

4. DATE OF DEATH: (Month) Mar (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 22 1878

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner

10B. KIND OF BUSINESS OR INDUSTRY: Private family

11. BIRTHPLACE (State or foreign country): Sharpsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Aaron Jackson

14. MOTHER'S MAIDEN NAME: Virginia Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 32-160-668

17. INFORMANT & ADDRESS: Mrs. Louise Jackson, 37 W. North St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 0002X (A) Pulmonary T.B

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH 2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-55, to 3-23, 1955, that I last saw the deceased alive on 3-23, 1955, and that death occurred at 2:30 P.M, from the causes and on the date stated above.

SIGNATURE & M.D. J. W. Otto ADDRESS Hagerstown Md DATE SIGNED 3/

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Mar 26 1955

NAME OF CEMETERY OR CREMATORY Tolson Cemetery

LOCATION (City, town, or county) (State) Sharpsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR Mar. 28-1955

REGISTRAR'S SIGNATURE Edith H. Bowers

24. FUNERAL DIRECTOR John R Watson Jr ADDRESS Hagerstown Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3147

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03115

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Convalescent Home Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 01-01-2
STREET ADDRESS (If rural, give location) 235 Averett Ave

3. NAME OF DECEASED (Type or Print) (First) Patrick (Middle) (Last) Kean

4. DATE OF DEATH (Month) (Day) (Year) March 11, 1955

5. SEX M. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Mar. 14th 1867 | 9. AGE last birthday 87 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Operator | 10b. KIND OF BUSINESS OR INDUSTRY Hotel | 11. BIRTHPLACE (State or foreign country) Cumberland, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Patrick E. Kean | 14. MOTHER'S MAIDEN NAME Mary Mulligan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. I | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Mrs. Ella Mae Mullen. 235 Averett Ave Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Myocardial Sclerosis	6 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Sclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 24, 1955, to Mar. 11, 1955, that I last saw the deceased alive on Mar. 11, 1955, and that death occurred at 11.45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
David R. Brewer M.D. Clear Spring Md. 3/14/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/15/55 | NAME OF CEMETERY OR CREMATORY Pbulos Cemetery | LOCATION (City, town, or county) Westernport (State) Md

DATE REC'D BY LOCAL REG. March 14, 1955 | REGISTRAR'S SIGNATURE Charles Bowers | 24. FUNERAL DIRECTOR Louis Stein Inc. | ADDRESS Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03116

3123

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (in this place) 27 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 345 North Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

STREET ADDRESS (If rural give location) 345 North Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Hughes (Last) Keller

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: May 14, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 9 Days 24 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: B. Franklin Keller

14. MOTHER'S MAIDEN NAME: Helen Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-26-5016

17. INFORMANT & ADDRESS: Mrs. Elizabeth Shervin Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8/55 19 , to 3/8/55 , 19 , that I last saw the deceased alive on 3/8/55 , 19 , and that death occurred at 3P M. from the causes and on the date stated above.

SIGNATURE H. M. Weeks, M.D. ADDRESS 100 N Potomac Hagerstown Md. DATE SIGNED 3/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 3/10/55

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Wash., Maryland

DATE REC'D BY LOCAL REGISTRAR: MAR 10 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons ADDRESS: Hagerstown, Maryland

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03117

3124

Dr. E.W. Ditto, Jr. **CERTIFICATE OF DEATH** Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 34 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 833 Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 833 Maryland Ave.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) COTTER (Last) KREGELO

4. DATE OF DEATH: (Month) March (Day) 3, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: April 16, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner-Operator

10B. KIND OF BUSINESS OR INDUSTRY: Trans. Business

11. BIRTHPLACE (State or foreign country): Mayberry, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Kregelo

14. MOTHER'S MAIDEN NAME: Barbara J. Fair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-09-7248

17. INFORMANT & ADDRESS. Josphine F. Kregelo

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Senility arteriosclerosis — 10 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20, 1955, to 3-3, 1955, that I last saw the deceased alive on 3-2-, 1955, and that death occurred at 9:30 M, from the causes and on the date stated above.

SIGNATURE J W Ditto ADDRESS M Hagerstown Md DATE SIGNED 3/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 3-6-55 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: MAR 5 1955 — REGISTRAR'S SIGNATURE: Ethel H Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman-Hagerstown, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0311

3125 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Hagerstown; MARYLAND LENGTH OF STAY (in this place) 12 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 720 Guilford Avenue

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Robins (Last) Landing

4. DATE OF DEATH: (Month) Mar. (Day) 19 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct. 16, 1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months 5 Days; IF UNDER 24 HRS.: Hours 3 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engine Inspector

10B. KIND OF BUSINESS OR INDUSTRY: W. M. R. R. Co.

11. BIRTHPLACE (State or foreign country): Durants Neck, North Carolina, U.S.A.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Jackson Landing

14. MOTHER'S MAIDEN NAME: Arbecia Robins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.#1

16. SOCIAL SECURITY NO. 705-10-4638

17. INFORMANT & ADDRESS. Mrs. Lelia Landing, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 2 X IMMEDIATE CAUSE (A) Adeno-carcinoma Sigmoid with — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1yr+

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) generalized metastasis — DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: 2 Mar 55

19B. MAJOR FINDINGS OF OPERATION: adeno carcinoma sigmoid

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Jan, 1955, to 19 Mar., 1955, that I last saw the deceased alive on 19 Mar, 1955, and that death occurred at 450P M. from the causes and on the date stated above.

SIGNATURE E. E. Lusby M. D — ADDRESS 230 N Rowan — DATE SIGNED 21 Mar 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 3-22-1955 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suffolk, Va.

DATE REC'D BY LOCAL REGISTRAR: Mar. 21, 1955 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Md.

03119

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3148 **CERTIFICATE OF DEATH** Reg. Dist. No. 303

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hagerstown rural
LENGTH OF STAY (in this place) 26 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 17 N. Mulberry St.,

3. NAME OF DECEASED. (Type or Print) (First) George (Middle) - (Last) Lias Jr.

4. DATE OF DEATH: (Month) 3 (Day) 1 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: March 17, 1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10B. KIND OF BUSINESS OR INDUSTRY: painter

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Lias Sr.

14. MOTHER'S MAIDEN NAME: Sarah Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Frank M. Lias Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Cardio-Vascular Disease

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: Over 1 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Irregular Hernia - Arteriosclerosis - Myocarditis Intestinal Hemorrhage Enlarged Prostate

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 12, 1954 to Mar. 1, 1955, that I last saw the deceased alive on Jan. 18, 1955, and that death occurred at 8:24 A. M., Mar. 1, 1955, from the causes and on the date stated above.

SIGNATURE F. K. Campbell ADDRESS 45 N. Washington St. Hagerstown Md. DATE SIGNED 3/1/55

M. D

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 3-3-55

NAME OF CEMETERY OR CREMATORY: Rose Hill

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Mar 2 55

REGISTRAR'S SIGNATURE: Leroy M. Fockler

24. FUNERAL DIRECTOR: Fred W. Kraiss ADDRESS: Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03126

3126 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Assembly of God Church

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1017 Main Avenue

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) MAY (Last) LUSHBAUGH

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1955

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH. July 29, 1896 | 9. AGE last birthday 58 yrs | IF UNDER 1 YEAR Months 7 Days 10 | IF UNDER 24 HRS Hours Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Clerk
10B. KIND OF BUSINESS OR INDUSTRY. Kaybee Clothing Store
11. BIRTHPLACE (State or foreign country): Big Pool, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME. Leonard Gearhart
14. MOTHER'S MAIDEN NAME. Emma Lochbaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-12-1578
17. INFORMANT & ADDRESS: Lester Lushbaugh Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 mins.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive cardiovascular disease — 17 years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, to March 9, 1955 that I last saw the deceased at intervals since alive on March 9, 1955, and that death occurred at 9:50 P.M. from the causes and on the date stated above.

SIGNATURE William T. Layman M. D. ADDRESS 100 Professional Arts Bldg. Hagerstown, Maryland DATE SIGNED 3-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/12/55 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Wash. Maryland

DATE REC'D BY LOCAL REGISTRAR MAR 12 1955 | REGISTRAR'S SIGNATURE Mildred F. Rowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3149 CERTIFICATE OF DEATH

Reg. Dist. No. 03124

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural R.F.D.1 Hancock
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural R.F.D.1 Hancock X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) Gerturde (Last) McKnight

4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	April 27.1872	82 yrs.	10	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Washington County Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Donegan	Susan Clay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	No	None	Thomas J McKnight Hancock Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331 X Immediate cause (a) Cerebral Hemorrhage — 24 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension

DUE TO

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23, 1955, to 3-6, 1955, that I last saw the deceased alive on 3-6, 1955, and that death occurred at 10:15 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herbert R. Tobias	M.D.	Hancock-Md	3-8-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3.9.55	St Patrick Cemetery	Little Orleans Allegheny Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-9-55	J. A. Nelle	Howard F. Gore	Hancock Md

3150

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03122

Reg. Dist. No. 7/6

Ltr. 9, Film C179 3-23-55 et

1. PLACE OF DEATH: COUNTY: WASHINGTON — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X KEEDYSVILLE - RURAL
LENGTH OF STAY (in this place): 18 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: KEEDYSVILLE MD. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KEEDYSVILLE RURAL X
STREET ADDRESS (If rural, give location): KEEDYSVILLE MD. R.1

3. NAME OF DECEASED (Type or Print): (First) WILBUR (Middle) H (Last) MILLER

4. DATE OF DEATH: (Month) MARCH (Day) 12 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MARCH-4-1898 — AGE last birthday: 57 yrs. 7/58/6-4

9. If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GUARD -

10b. KIND OF BUSINESS OR INDUSTRY: FAIRCHILD AIRCRAFT

11. BIRTHPLACE (State or foreign country): BURKETTSVILLE FRED. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALBERT MILLER

14. MOTHER'S MAIDEN NAME: BESSIE SIGLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MRS. JOHN O. BOYER KEEDYSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) suffocation by drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ✓ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Little Antietem Creek- Rural-Keedysville, Wash. , Md.
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 3-11-55 10PM m.

INJURY OCCURRED While at work ☐ Not while at work ✓

HOW DID INJURY OCCUR? Found dead in creek

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined X.*

SIGNATURE: DEPUTY M.E. (Degree or Title), WASH. CO., MD. — ADDRESS: 115 N. Potomac St-Hagerstown, Md. — DATE SIGNED: 3-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: MARCH-15-1955 — NAME OF CEMETERY OR CREMATORY: UNION CEMETERY — LOCATION (City, town, or county) (State): BURKETTSVILLE FRED. Co. MD.

DATE REC'D BY LOCAL REG.: March 15 1955 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: WM. F. BAST AND SONS BOONSBORO MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the uses of death clearly and legibly.

VS. A15A

3127

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03123

Dr. Ditto III

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 20 S. Cannon Ave.

3. NAME OF DECEASED: (Type or Print) (First) GROVER (Middle) CLEVELAND (Last) MONGAN

4. DATE OF DEATH: (Month) Mar. (Day) 1, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Aug. 3, 1888
9. AGE last birthday: 66 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elder
10B. KIND OF BUSINESS OR INDUSTRY: Metal Worker
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otho Mongan
14. MOTHER'S MAIDEN NAME: May Ellen Coats

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) W. W. I
16. SOCIAL SECURITY NO. 218-01-1488
17. INFORMANT & ADDRESS: Jessie H. Mongan

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Arterio Sclerotic Heart Disease — 1 yr
DUE TO

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2-, 1955, to 3-1-, 1955, that I last saw the deceased alive on 3-1-, 1955, and that death occurred at 2:45 M, from the causes and on the date stated above.
SIGNATURE D. W. Ditto III ADDRESS M.D. Hagerstown DATE SIGNED 3/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 3-4-55
NAME OF CEMETERY OR CREMATORY: Lanor Cemetery
LOCATION (City, town, or county) (State): nr. Tilghmanton, Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 4 1955
REGISTRAR'S SIGNATURE: Grant H. Bowers
24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman-Hagerstown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03124

3128

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 433 Jefferson St.,

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Marcella (Last) Mosser

4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 19 55

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: Dec. 26, 1881
9. AGE last birthday: 73 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Mercersburg, Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cecil Myers
14. MOTHER'S MAIDEN NAME: Susan Brubaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS. Mrs. Raymond Sprankle Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4.22.2 (A) DUE TO Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Chr. Myocarditis — 6 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [2] NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13-55, to 3-6-55, that I last saw the deceased alive on 3-5-55, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE D. W. Kraiss M.D. ADDRESS Hagerstown Md. DATE SIGNED 3/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Mar. 9, 1955
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Greencastle Pa.

DATE REC'D BY LOCAL REGISTRAR: Mar 8, 1955
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Fred W. Kraiss ADDRESS: Hagerstown, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03125

CERTIFICATE OF DEATH

3129

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 135 N. Cannon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 23
STREET ADDRESS (If rural give location) 135 N. Cannon Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Belle (Last) Musey

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: June 4, 1881

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel White

14. MOTHER'S MAIDEN NAME: Julia Bassett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ---

17. INFORMANT & ADDRESS: Guy C. Musey Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive cardio-vascular disease 2

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 9, 1955, to Mar. 20, 1955, that I last saw the deceased alive on Mar. 19, 1955, and that death occurred at 5:15 P. M., from the causes and on the date stated above.

SIGNATURE L. A. Bell M. D. ADDRESS Hagerstown, Md. DATE SIGNED Mar. 22, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3-23-55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 23, 1955 | REGISTRAR'S SIGNATURE Chas. H. Boevers | 24. FUNERAL DIRECTOR Scott F. Minnich & Son | ADDRESS Hag. Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03126

3151

CERTIFICATE OF DEATH

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Hancock Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md. X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Fanny (Middle) O (Last) Orndorff

4. DATE OF DEATH: (Month) 3. (Day) 17 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Jan 5.1886

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months 2 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housew ife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Morgan County W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Robert Gate

14. MOTHER'S MAIDEN NAME: Not Known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Irene Faith Hancock Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular Fibrillation

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to 3-17, 1955, that I last saw the deceased alive on 3-10, 1955, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

SIGNATURE Herbert R. Tobias (Degree or title) M.D. ADDRESS Hancock-Md. DATE SIGNED 3-19-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3.20.55 NAME OF CEMETERY OR CREMATORY House of Jacob Cemetery LOCATION (City, town, or county) (State) Hancock Md Washington Md

DATE REC'D BY LOCAL REGISTRAR 3-20-55 REGISTRAR'S SIGNATURE J. A. Heller

24. FUNERAL DIRECTOR Howard F. Rose ADDRESS Hancock md

VS. A15

3152 MARYLAND STATE DEPARTMENT OF HEALTH 03127

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 3 6 6

MARGIN RESERVED FOR BINDING — NLY, WITH UNFADING INKS. Supply every item of information carefully. The correct an... pecially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; MARYLAND LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Smithsburg Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; STREET ADDRESS (If rural, give location) Smithsburg Md

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Emanuel (Last) Otero

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1955

5. SEX: MALE

6. ~~COLOR~~ OR RACE: Porto Rican

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 16, 1951

9. AGE last birthday: 3 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Waynesboro Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Victor E. Otero

14. MOTHER'S MAIDEN NAME: Mary F. Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Victor E. Otero Smithsburg Md R.D.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suffocation by drowning — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

ACCIDENT / SUICIDE / HOMICIDE | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Smithsburg R.D. 2 (CITY OR TOWN) Washington (COUNTY) Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (hour): 3-12-55 11:30 A.M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Drowned in pond at rear of home

22 I, [illegible], last I took charge of [illegible] Autopsy, Inspection ☒ Inquiry thereon and from the evidence [illegible] and Autopsy, Inspection or [illegible] deceased died on the day stated above, and death in my opinion resulted [illegible] as stated.

SIGNATURE: J. Robert Mellott (DEPUTY MED'C [illegible]) ADDRESS: 115 N. Potomac St., Hagerstown, Md. DATE SIGNED: March 12 55

[illegible] DATE [illegible] | CREMATORY | LOCATION (City, town, or county)

BURIAL (Specify) | 3/15/1955 | GREEN HILL | WAYNESBORO PA.

DATE RECD BY LOCAL REGISTRAR'S SIGN: Mar 14 55 | Geo W Ferguson | GENERAL DIRECTOR: Walter Y Hoar | ADDRESS: Waynesboro, Pa

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03128

3130

CERTIFICATE OF DEATH

Item 8, Filed 3-17-55 et

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 21Y1
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 213 PENNSYLVANIA AVE.

3. NAME OF DECEASED: (Type or Print) (First) ALVIN (Middle) THEODORE (Last) PADEN

4. DATE OF DEATH: (Month) MARCH (Day) 9 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 4/20/1916

9. AGE last birthday 38 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INVALID

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM PADEN

14. MOTHER'S MAIDEN NAME: DAISY TROVINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MR. PAUL M. PADEN HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Acute pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Congenital Spastic

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Mar, 1955, to 9 Mar, 1955, that I last saw the deceased alive on 8 Mar, 1955, and that death occurred at 5:55 A.M., from the causes and on the date stated above.

SIGNATURE Edward Woodbourn M.D. ADDRESS Hagerstown Md DATE SIGNED 3/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3/11/55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem. — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar 10 1955 — REGISTRAR'S SIGNATURE Chas. H. Rowers

24. FUNERAL DIRECTOR W. J. Hornesh — ADDRESS Hagerstown Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. WM. T. LAYMAN
PROFESSIONAL ARTS BLDG.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-54

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03129

3153

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
   COUNTY WASHINGTON MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X MT. LENA
   LENGTH OF STAY (in this place) LIFE
   HOSPITAL OR INSTITUTION OR STREET ADDRESS (a) BOONSBORO MD. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE MARYLAND COUNTY WASHINGTON
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LENA
   STREET ADDRESS (If rural give location) BOONSBORO MD. R.2

3. NAME OF DECEASED: (Type or Print) (First) JENNIE (Middle) IRENE (Last) REESE

4. DATE OF DEATH: (Month) MARCH (Day) 14. (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: OCTOBER 27 1889

9. AGE last birthday IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 65-4-17 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MT. LENA WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM L. HARSHMAN

14. MOTHER'S MAIDEN NAME: JENNIE WINDERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: IRA D. REESE BOONSBORO WASH. Co. MD.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4210 IMMEDIATE CAUSE	(A) Coronary Thrombosis (new)	15 mins.
ANTECEDENT CAUSE (B)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerotic heart disease	20 years
	DUE TO	
	(C) Hypertensive cardiovascular disease	20 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Aneurism Thoracic Aorta, probably ruptured	indetermin ate

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1940 to Mar 14, 1955, that I last saw the deceased alive on Mar. 14., 1955, and that death occurred at 10:00 M, from the causes and on the date stated above.

SIGNATURE William T. Layman, M.D.
ADDRESS 100 Professional Arts Bldg. Hagerstown, Maryland
DATE SIGNED 3/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	MARCH 17 1955	MT. LENA CEMETERY	MT. LENA WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 17. 1955	John H. Bast	Wm. F. BAST AND SONS	BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03130

3154

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro
LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural give location) West Main Sts.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Koople (Last) Rhoderick

4. DATE OF DEATH: (Month) March (Day) 21, (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: March 3, 1868 | 9. AGE last birthday 87 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Reporter
10B. KIND OF BUSINESS OR INDUSTRY: News Paper
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Carlton Rhoderick
14. MOTHER'S MAIDEN NAME: Ellen Koople

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Grace M. Rhoderick

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
447X IMMEDIATE CAUSE	(A) Coronary atherosclerosis	6 yrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypertension	10 yrs
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1952, to March 31, 1955, that I last saw the deceased alive on March 30, 1955, and that death occurred at 1100 M, from the causes and on the date stated above.
SIGNATURE G W Wilson M. D. ADDRESS Boonsboro DATE SIGNED 4/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF April 3, 55 | NAME OF CEMETERY OR CREMATORY Lutheran Cem. | LOCATION (City, town, or county) (State) Middletown, Md

DATE REC'D BY LOCAL REGISTRAR April 1 1955 | REGISTRAR'S SIGNATURE John A. Bart
24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03131

3131

CERTIFICATE OF DEATH

Reg. Dist. No. 302

Item 8, 1 line 17: 3-21-55 et

1. PLACE OF DEATH

COUNTY WASHINGTON — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN — LENGTH OF STAY (In this place) 24 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS CARLOCK CONV. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED.

STATE MARYLAND — COUNTY WASHINGTON — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN

STREET ADDRESS 301 S. MULBERRY ST. (If rural give location)

3. NAME OF DECEASED: (Type or Print) First HUGH (Middle) DORSEY (Last) SAUM

4. DATE OF DEATH: (Month) MARCH (Day) 13 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 5/25/1874

9. AGE last birthday, IF UNDER 1 YEAR Months Days, IF UNDER 24 HRS. Hours Min.: 80 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): RETIRED GROCER

10B. KIND OF BUSINESS OR INDUSTRY: OWN STORE

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MILTON H. SAUM

14. MOTHER'S MAIDEN NAME: ELIZABETH KOONTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-30-3582

17. INFORMANT & ADDRESS. MRS. CATHERINE C. SAUM MD

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

IMMEDIATE CAUSE (A) Severe Generalized Arteriosclerosis — 10 yrs +

ANTECEDENT CAUSE (S): DUE TO Vascular Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. NM

19A. DATE OF OPERATION: NM — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NM M — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1955, to 13 Mar, 1955, that I last saw the deceased alive on 13 Mar, 1955, and that death occurred at 10 50 P M. from the causes and on the date stated above.

SIGNATURE F F Lusby — M D. — ADDRESS 230 Walnut — DATE SIGNED 15 Mar 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF 3/16/55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem. — LOCATION (City, town, or county) Hagerstown — (State) Md.

DATE REC'D BY LOCAL REGISTRAR: Mar 15 1955 — REGISTRAR'S SIGNATURE Chas H. Bowers — 24. FUNERAL DIRECTOR W. J. Rowland — ADDRESS Hagerstown Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Countersigned
S. Robert Wells MD
D W E. Wash. Co 3/4/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03132 3155

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Williamsport
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOMEWOOD Church Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Williamsport
STREET ADDRESS (If rural give location) Route #2

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) A (Last) SCHLEUSS

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 13, 1866
9. AGE last birthday: 88 yrs. If under 1 year: Months 8 Days 20. If under 24 hrs: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NEVER WORKED
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Martinsburg, W. Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Schleuss
14. MOTHER'S MAIDEN NAME: Matilda Zwing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: Rev. Mark G. Wagner, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(A) Coronary Occlusion	12 hrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerotic Heart Disease	6 yrs
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-3, 1955, to 3-3, 1955, that I last saw the deceased ~~alive~~ on 3-3-55, 19.., and that death occurred at noon M, from the causes and on the date stated above.

SIGNATURE S. E. W. Detty M.D. ADDRESS Hagerstown, Md. DATE SIGNED 3/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 3/4/55
NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery
LOCATION (City, town, or county) (State): Martinsburg, W. Virginia

DATE REC'D BY LOCAL REGISTRAR: Mar. 4, 1955
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: C.M. Suter & Sons **ADDRESS:** Hagerstown, Maryland

M

I

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03133

3132

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 68½ E. Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 68½ E. Franklin St

3. NAME OF DECEASED: (Type or Print) First: William (Middle): -- (Last): Schulze

4. DATE OF DEATH: (Month) Mar (Day) 14 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 10, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10B. KIND OF BUSINESS OR INDUSTRY: Medicine

11. BIRTHPLACE (State or foreign country): Monroe La.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Schulze

14. MOTHER'S MAIDEN NAME: Hannah Schulze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-18-2088

17. INFORMANT & ADDRESS: Ellan Janney Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S) DUE TO (B) Hypertrophic Cardiovascular disease — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 0

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 0 M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan 1, 1955, to 3/14, 1955, that I last saw the deceased alive on 3/7, 1955, and that death occurred at 10:05 A. M, from the causes and on the date stated above.

SIGNATURE Ellan Janney ADDRESS 124 W. Washington St DATE SIGNED 3/14-1955

M. D. Hagerstown Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3-16-55 — NAME OF CEMETERY OR CREMATORY Mt. Hebron Cemetery — LOCATION (City, town, or county) (State) Winchester Va.

DATE REC'D BY LOCAL REGISTRAR Mar. 14, 1955 — REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son — ADDRESS Hag. Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03134

CERTIFICATE OF DEATH

3133

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Md.
STREET ADDRESS (If rural give location) Chaplain Street

3. NAME OF DECEASED: (Type or Print) (First) Della (Middle) Virginia (Last) Scott

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 27 1897

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months 3 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clinton Houser

14. MOTHER'S MAIDEN NAME: Ada Mose

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Sharpsburg Md. Mr. Keller Scott Chaplain St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Arteriosclerotic Heart

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO with fibrillation

(c)

Interval Between Onset And Death 4 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 55, to March 22, 1955, that I last saw the deceased alive on March 22, 1955, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo. Allen M.D. Boonsboro 3/24/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF March 25-55

NAME OF CEMETERY OR CREMATORY Mt. View Cemetery

LOCATION (City, town, or county) (State) Sharpsburg Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 25 1955

REGISTRAR'S SIGNATURE Chas. H. Towers

24. FUNERAL DIRECTOR ADDRESS Albert L Leaf Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Je Von

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03135

3156 **CERTIFICATE OF DEATH** Reg. Dist. No. 306

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR X TOWN (If outside corporate limits, write RURAL and give nearest town) rural Smithsburg
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital give street address or location) RFD 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Smithsburg X
STREET ADDRESS (If rural give location) RFD 2 1

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Clyde (Last) Shaver

4. DATE OF DEATH: (Month) (Day) (Year) March 28 1955

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married | 8. DATE OF BIRTH: March 18, 1895 | 9. AGE last birthday: 60 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): manager
10B. KIND OF BUSINESS OR INDUSTRY: canning factory
11. BIRTHPLACE (State or foreign country): Louisana
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel A. Shaver
14. MOTHER'S MAIDEN NAME: Carrie Propst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-10-3117
17. INFORMANT & ADDRESS: Mrs. Luella Shaver, Smithsburg, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral embolism — Few Mont.

ANTECEDENT CAUSE (S) DUE TO (B) Arterio-sclerotic heart disease — 20 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (260X) DUE TO (C) Diabetes Mellitus (mild) - Diet recently — 25

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Mar. 28, 1955, that I last saw the deceased alive on Mar. 25, 1955, and that death occurred at 5:30 PM, from the causes and on the date stated above.

SIGNATURE Walter Heimbrand M.D. ADDRESS Waynesboro Pa DATE SIGNED 3-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 3-30-55 | NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery | LOCATION (City, town, or county) (State) Thurmont, Md.

DATE REC'D BY LOCAL REGISTRAR Mar 30-1955 | REGISTRAR'S SIGNATURE Geo W. Ferguson | 24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Smithsburg

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03136

3134 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
MARYLAND LENGTH OF STAY (in this place) 69 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 615 N. PROSPECT ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 615 N. PROSPECT ST.

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) LOUISE (Last) SHILLING

4. DATE OF DEATH: (Month) MARCH (Day) 21 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, (WIDOWED) DIVORCED. (Specify):

8. DATE OF BIRTH: 9/15/1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE P. CROWL

14. MOTHER'S MAIDEN NAME: MARY EUGENIA WOLFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-18-1215

17. INFORMANT & ADDRESS: MRS. LILLIE WAITS HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 174X (A) Squamous cell carcinoma of uterus — INTERVAL BETWEEN ONSET AND DEATH: 2½ yrs (?)

ANTECEDENT CAUSE (S') DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST: (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW D D NJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1938, to 3/21, 1955, that I last saw the deceased alive on 3/21, 1955, and that death occurred at 11 a. M, from the causes and on the date stated above.

SIGNATURE John H. Homecakes M. D. ADDRESS 154 W. Washington St Hagerstown Md. DATE SIGNED 3/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial DATE THEREOF: 3/23/55 NAME OF CEMETERY OR CREMATORY: Green Lawn Cem. LOCATION (City, town or county): Williamsport (State): Md.

DATE REC'D BY LOCAL REGISTRAR: Mar 22, 1955 REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: W. T. Norment ADDRESS: Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03137

3157 CERTIFICATE OF DEATH Reg. Dist. No. 3021

1 PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Hancock Md
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Maryland X
STREET ADDRESS (If rural give location) 48 East Main St. 1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Jacob (Last) Shoemaker

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 22/1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 5 Days 9 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Engineer Operator

10b. KIND OF BUSINESS OR INDUSTRY: Sand Mines

11. BIRTHPLACE (State or foreign country): Washington County Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Shoemaker

14. MOTHER'S MAIDEN NAME: Mathilda Shives

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Mabel S Hiles 48 E.Main st Hancock Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Arteriosclerotic heart disease — Interval Between Onset And Death: 5 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronicnephritis — unknown

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No X

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 30 50 to March 4, 55, that I last saw the deceased alive on Feb. 24 55, and that death occurred at 7.30 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Julii Robert Colin M. D.

ADDRESS Clear Spring, Maryland

DATE SIGNED March 4, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3.7.55

NAME OF CEMETERY OR CREMATORY Episcopal Cemetery

LOCATION (City, town, or county) (State) Hancock Washington Md

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE J. V. Da Miller

24. FUNERAL DIRECTOR Howard J. Stone

ADDRESS Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

3135

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03138

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A18A

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md; LENGTH OF STAY RFd #1 (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Hagerstown Pike~~ Boonsboro Pike Washington Co. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md RFd #1; STREET ADDRESS (If rural, give location) Boonsboro Pike

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edward (Last) Starliper

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 23 1890

9. AGE Last birthday: 64 yrs. If under 1 year: Months 2 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret'd Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Sharpsburg Dist

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John William Starliper

14. MOTHER'S MAIDEN NAME: Anna Azella Hebb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War

16. SOCIAL SECURITY NO.: 220-16-2851

17. INFORMANT AND ADDRESS: Delilah H. Starliper Boonsboro Pike RFD Williamsport Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull (hemorrhage & shock) — Interval between onset and death: 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: crippling arthritis of knees

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: at home

(CITY OR TOWN) Rural - Williamsport (COUNTY) Washington (STATE) Md.

TIME OF INJURY (Month) Mar. (Day) 15 (Year) 55 (Hour) 4:30 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Fell down dark stair steps

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ___.*

SIGNATURE: J. Walter Mellinger, M.D. (Degree or title) DEPUTY MEDICAL EXAM WASH. CO. MD. ADDRESS 115 N. Potomac St- Hagerstown, Md. DATE SIGNED 3-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: March 18-55

NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

LOCATION (City, town, or county) (State): Sharpsburg Md.

DATE REC'D BY LOCAL REG. Mar. 16. 1955

REGISTRAR'S SIGNATURE: Mast Howard

24. FUNERAL DIRECTOR: Edith V. Leaf ADDRESS Williamsport Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3136

03139

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 501 Indiana Ave 1

3. NAME OF DECEASED: (Type or Print) (First) Lora (Middle) Belle (Last) Talbott

4. DATE OF DEATH: (Month) Mar (Day) 14 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec 1, 1897

9. AGE last birthday 57 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Shenandoah Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hubert Attwood

14. MOTHER'S MAIDEN NAME: Rose Attwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 235-18-7042

17. INFORMANT & ADDRESS: Geo. Dewey Talbott 501 Indiana Ave Hagerstown, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute lymphatic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

204.0

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 19 54, to March 14, 19 55, that I last saw the deceased alive on March 14, 19 55, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE Phyllis Kuhlman M.D. ADDRESS Hagerstown Md DATE SIGNED 3/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Mar 17, 1955 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar 16 1955 — REGISTRAR'S SIGNATURE Chas H. Bowers — 24. FUNERAL DIRECTOR ADDRESS Rest Haven Funeral Chapel Inc, Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03140

CERTIFICATE OF DEATH

3158

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sandy Hook
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sandy Hook
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edgar (Last) Viets

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec. 31-1873

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, Orchardist

10b. KIND OF BUSINESS OR INDUSTRY: Orchard

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cornelius Viets

14. MOTHER'S MAIDEN NAME: Catharine Ennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. C. E. Viets Knoxville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 11 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10 19 55 to 3/14 19 55 that I last saw the deceased alive on 3/12 19 55 and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED 3/15/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-17-55

NAME OF CEMETERY OR CREMATORY Reformed

LOCATION (City, town, or county) (State) Knoxville Md

DATE REC'D BY LOCAL REG. March 18 1955

REGISTRAR'S SIGNATURE Mrs. Katherine Siegenhart

24. FUNERAL DIRECTOR C. H. Fuss & Bro. ADDRESS Brunswick Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03141

3137 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Downsville Maryland X
STREET ADDRESS (If rural give location) Downsville Maryland

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) Weidner

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 22 1895

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months 4 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Ship Yards

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Fredrick Weidner

14. MOTHER'S MAIDEN NAME: Minnie (last Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War#1

16. SOCIAL SECURITY NO.: 220-10-3893

17. INFORMANT & ADDRESS: Mrs Bertha Davis Weidner Downsville Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 X

Immediate cause (a) Carcinoma of Rectum Metastasis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 6 M O

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26/54 19 , to 3/26/55 19 , that I last saw the deceased alive on 3/26/55 19 , and that death occurred at 9:15 P.M. from the causes and on the date stated above.

SIGNATURE Ralph Young M.D. (Degree or Title) ADDRESS Williamsport Md. DATE SIGNED 3/27/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF March 29 1955 NAME OF CEMETERY OR CREMATORY Bakersville Cemetery LOCATION (City, town, or county) Bakersville Md. (State)

DATE REC'D BY LOCAL REGISTRAR Mar. 28. 1955 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Albert L. Leaf Williamsport Md. ADDRESS

VS. A15

3159

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03142

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age if especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R.#3
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Huyette

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R#3
STREET ADDRESS (If rural, give location) near Huyette

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) GLENN (Last) WHITTINGTON

4. DATE OF DEATH (Month) March (Day) 6, (Year) 1955

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH Aug. 16, 1896

9. AGE last birthday 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist

10b. KIND OF BUSINESS OR INDUSTRY W. M. R.R.

11. BIRTHPLACE (State or foreign country) Jefferson County, W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Coles L. Whittington

14. MOTHER'S MAIDEN NAME Nora May Schwartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 205-10-6618

17. INFORMANT Mrs. Walter Whittington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 165 Carcinoma of Lung — Interval between onset and death: 4 months.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Feb 11, 1955

19b. MAJOR FINDINGS OF OPERATION Carcinoma, metastic of Rib

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Feb, 1955, to 6 March, 1955, that I last saw the deceased alive on 6 March, 1955, and that death occurred at 5 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Haak M.D. — ADDRESS Williamsport, Md. — DATE SIGNED 7 March '55

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 3-8-55 — NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery — LOCATION (City, town, or county) (State) Williamsport, Md.

DATE REC'D BY LOCAL REG. Mar. 8. 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman-Hagerstown, Md. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03143

3138

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 Hagerstown
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 17 N. Mulberry St.,

3. NAME OF DECEASED: (Type or Print) (First) Newton (Middle) J (Last) Young

4. DATE OF DEATH: (Month) 3 (Day) 30 (Year) 19 55

5. SEX male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb. 25, 1866

9. AGE last birthday 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10B. KIND OF BUSINESS OR INDUSTRY: Hag. Shoe Factory

11. BIRTHPLACE (State or foreign country): Rouzerville, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. Allen Young Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4220.0

IMMEDIATE CAUSE (A) Arteriosclerotic Gangrene - Both Feet — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Arteriosclerosis — years.

DUE TO (C) Arteriosclerotic Heart Disease — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hemiplegia — years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1st, 1955, to March 30, 1955, that I last saw the deceased alive on March 30 1955, and that death occurred at 4P M, from the causes and on the date stated above.

SIGNATURE Philip J. McGeever M. D. ADDRESS Hagerstown Md. DATE SIGNED 3/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 4-2-55 | NAME OF CEMETERY OR CREMATORY Rest Haven | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR April 1, 1955 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

3139

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03144

Reg. Dist. No. 302

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): 6 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 388 N. Prospect Street

3. NAME OF DECEASED (Type or Print): (First) MARTIN (Middle) ABNER (Last) YOUNKINS
4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 13, 1895
9. AGE last birthday: 60 yrs. If under 1 year: Months 0, Days 17; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard
10b. KIND OF BUSINESS OR INDUSTRY: Camp Detrick
11. BIRTHPLACE (State or foreign country): Frederick County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John W. Younkins
14. MOTHER'S MAIDEN NAME: Cornelia Weber
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Willis A. Younkins Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.X
Immediate cause (a) Open fractures both tibia & fibula (lt & rt.) — 6 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) hemorrhage & shock
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: contusions to nose, rt. cheek, rt side forehead

19a. DATE OF OPERATION: 3-30-55
19b. MAJOR FINDINGS OF OPERATION: Open reduction both tibia & fibula (rt & lt)
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway
(CITY OR TOWN) (COUNTY) (STATE): U S 40A - 5 mi east Hagerstown, Wash, Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY: 3 - 30-55 1:15 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Deceased walking in middle of road -hit by oncoming car.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): S. Robert Wells, M.D. DEPUTY MEDICAL EXAM. WASH. CO. MD.
ADDRESS: 115 N. Potomac St., Hagerstown, Md.
DATE SIGNED: 3-31-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/1/1955
NAME OF CEMETERY OR CREMATORY: Arlington National Cem.
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: Apr. 1. 1955
REGISTRAR'S SIGNATURE: Elizabeth Bowers
24. FUNERAL DIRECTOR: C. M. Suter & Sons
ADDRESS: Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03145

3140

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Gaelock Nursing Home 241 S. Prospect St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 1103 Hamilton Blvd. 1

3. NAME OF DECEASED: (First) Jacob (Middle) Iten (Last) Zuck

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 23 1885
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Waynesboro Pa.
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Elias Zuck
14. MOTHER'S MAIDEN NAME: Louisa Geyser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-16-1624
17. INFORMANT & ADDRESS: Mrs. Orey Zuck 1103 Hamilton Blvd Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X IMMEDIATE CAUSE (A) Coronary Hemorrhage — 2 yrs

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive Cardio Vascular Disease — 6 yrs
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1955, to 3-27, 1955, that I last saw the deceased alive on 3-25, 19[illegible], and that death occurred at ..... M, from the causes and on the date stated above.
SIGNATURE J. W. Leitz M.D. ADDRESS Hagerstown Md DATE SIGNED 3/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3/29/55
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR MAR 28 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS